(BERC) Revision: HCFA-PM-85-3

MAY 1985

Attachment 3.1-A

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AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

		ON THE THE DESIGN COUNTY OF THE OWNER OWNER OF THE OWNER	
	b.	Screening services.	
		X Provided No limitations X With limitations*	
		Not Provided	
	c.	Preventive services.	
		X Provided X No limitations With limitations*	
		Not Provided	
	d.	Rehabilitative services.	
		X Provided No limitations X With limitations*	
		Not Provided	
14.	Serv	ervices for individuals age 65 or older in institutions for mental diseases.	
	a.	Inpatient hospital services.	
		X Provided No limitations X With limitations*	
		Not Provided	
	b.	Nursing facility services.	
		X Provided No limitations X With limitations*	
		Not Provided	

^{*}Description provided on Attachment.

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State: Nevada

- A. <u>Diagnostic Services</u>. Provided under the EPSDT program.
- B. <u>Screening Services</u>. Annual mammography provided to women aged 40 and over. Screening services also provided under the EPSDT program.
- C. Preventive Services. Services provided are according to the United States Preventive Services Task Force (USPSTF) A and B recommendations along with approved vaccines and their administration recommended by the Advisory Committee on Immunization Practices (ACIP). Documentation is available to support claiming of FMAP for such services. As changes are made to the USPSTF and/or ACIP, coverage and billing codes will be updated to comply with the changes. Cost sharing is not applied to any of these services.

D. Rehabilitative Services:

1. Mental Health Rehabilitation Services

Mental health rehabilitation assists individuals to restore and/or retain psychiatric stability, social integration skills, personal adjustment and/or independent living competencies in order to experience success and satisfaction in environments of their choice and to function as independently as possible. Interventions occur concurrently with clinical treatment and begin as soon as clinically appropriate.

The services must be recommended by a physician or other licensed practitioner of the healing arts, within their scope of practice and prescribed on an individualized treatment plan to achieve maximum reduction of a mental disability and restore the recipient to their optimal level of functioning.

Approval Date: JUN 1 8 2013 Effective Date: January 1, 2013

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